

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/939686

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
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41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	1					TOTAL IND.					
TOTAL DEP.	11					TOTAL DEP.					
TOTAL CLAIMS	12					TOTAL CLAIMS					

# CLAIMS ONLY

SERIAL NO.

09/93968 C

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
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TOTAL IND.	1		1		1	
TOTAL DEP.	11		11		11	
TOTAL CLAIMS	12		12		12	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS